United States Senator Scott P. Brown

U.S. Military Service Academy Nomination Form COUNSELOR/PRINCIPAL EVALUATION

Name of Applicant:	Last	First		Middle
1. How long have yo	u known the applica	ant and in what cap	pacity?	
2. Tell us about the a	pplicant's talents or	strengths.		
3. What do you consi	der the applicant's v	weaknesses?		
4. Please describe the	applicant's leaders	hip characteristics	s?	
5. How does the appl	icant handle stressfu	ıl situations?		
6. Do you know of ar	ny personal circums	tances that might	affect the a	applicant's performance at the academy?
7. Please rank the app	_			
Excellent, an	nong the best I have	known		Very Good, stands out in peer group
Average				Below Average
8. General Comment	s, Evaluation and/or	Recommendation	n (please u	se additional sheets if necessary):
Date	Phone Number			
Signature				

Please place completed evaluation form in envelope with your signature written across the flap and return to the applicant.